AMENDMENT TRANSMITTAL LETTER							Docket No. HOI-14302/16	
Application No.		Filing Date		Examiner			Art Unit	
10/560,519-Co	nf. #5664	March 20	, 2006		M. C. Henr	у	1623	
licant(s): Inge	Dorthe Hanse	n						
ention: TREAT	MENT OF SY	MPTOMS ASS	OCIATED W	ITH BA	CTERIAL V	/AGINOSI	s	
		THE COMMI						
ransmitted herev					lication.			
he fee has been	calculated an		- Territoria de la companio					
	Claims	CLAIM Highest	S AS AMENI	DED		T		
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	29	- 32 =	0	х	26.00		0.00	
Independent Claims	3	- 4 =	0	х	110.00		0.00	
Multiple Depend	ent Claime (ch	ock if annlicah	(e)					
A duplicate of	ge Deposit Acc copy of this she	ount No	ii	n the ar				
				the filin	ig fee is end	closed.		
Payment by	credit card. Fo	orm PTO-2038	is attached.					
X The Director as described	is hereby auth i below. A dup	orized to char licate copy of	ge and credit this sheet is e	Deposi nclose	it Account N d.	lo07	7-1180	
x Credit ar	ny overpaymer	nt.						
x Charge a	ny additional fili	ng or application	n processing fe	es requ	ired under 3	7 CFR 1.16	and 1.17.	
Julie K. Staple Attorney/Agent	Rea. No.: 50.	434			Dated:	October	13, 2008	
GIFFORD, KRA 2701 Troy Cent Post Office Box Troy, Michigan (734) 913-9300	ASS, SPRINKL er Drive, Suite 7021 48007-7021	E, ANDERSO	N & CITKOW	SKI, P.	C.			